PAGE 1 / 32

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3A	For Other Than An Au	thorized Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Citizens For Restor	ing USA			I
ADDRESS (number and stree	t) 339 Cocoanut Row			
Check if different than previously reported. (ACC)	Palm Beach		FL 33480 -	
2. FEC IDENTIFICATION	N NUMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲	
C C00575993		IS THIS REPORT NEW (N) O	R AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	b 20 (M2) May 20 (May 20 (May 20 (M3) Jun 20 (May 20 (M4) Jul 20 (May 20 (M4) May 20 (M4) May 20 (M4)	(Non-Elec Year Only) Sep 20 (M9) Dec 20 (Non-Elec Year Only	y) O (M12) ction y)
April 15 Quarterly Repo July 15 Quarterly Repo Cotober 15 Quarterly Repo January 31	ort (Q2) (C) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Runoff Special (12S)	(12R)
Year-End Report Support (Non-el Year Only) (M' Termination Re (TER)	ear ection (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special in the State of	(30S)
5. Covering Period	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 09	M / D D / Y Y Y Y Y 30 2016	
I certify that I have examine Type or Print Name of Trea	ed this Report and to the best of Kiger, Robert, , , surer	of my knowledge and belief it is	s true, correct and complete.	
Signature of Treasurer	Kiger, Robert, , ,	[Electronically Filed]	Date 10 / 05 / 2016	Y
	erroneous, or incomplete informati	on may subject the person signir	g this Report to the penalties of 52 U.S.C.	§ 30109
Office Use			FEC FORM 3X Rev. 05/2016	<u>′</u>

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Citizens For Restoring USA 07 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2.32 January 1, 2016 (b) Cash on Hand at 284.71 Beginning of Reporting Period..... 900.00 3936.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3938.32 1184.71 6(a) and 6(c) for Column B)..... 1110.83 3864.44 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 73.88 73.88 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1157.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Citizens For Restoring USA

07 01 2016 09 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 250.00 (i) Itemized (use Schedule A)..... 300.00 2256.00 (ii) Unitemized (iii) TOTAL (add 2506.00 300.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 2506.00 300.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 600.00 1430.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 3936.00 12, 13, 14, 15, 16, 17, and 18(c))....... 900.00 20. Total Federal Receipts 900.00 3936.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
	ating Expenditures:	Iotal IIIIS Fellou	Calendar Year-to-Date
	Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
,	(ii) Non-Federal Share	0.00	0.00
	Other Federal Operating	650.83	2356.44
	Expenditures Total Operating Expenditures	030.03	2330.44
	(add 21(a)(i), (a)(ii), and (b))▶	650.83	2356.44
	sfers to Affiliated/Other Party	7 7	
	nittees	0.00	0.00
	ibutions to ral Candidates/Committees		
and (Other Political Committees	0.00	0.00
	pendent Expenditures	0.00	0.00
Coord	Schedule E)dinated Party Expenditures	0.00	0.00
(52 U	J.S.C. § 30116(d)) Schedule F)	0.00	0.00
,	,		0.00
Loan	Repayments Made	460.00	1508.00
		4	
Loans	s Made nds of Contributions To:	0.00	0.00
(a) I	ndividuals/Persons Other		
	Than Political Committees	0.00	0.00
(b) F	Political Party Committees	0.00	0.00
	Other Political Committees	0.00	0.00
` '	(such as PACs)	0.00	0.00
	Total Contribution Refunds		7 7
((add Lines 28(a), (b), and (c))	0.00	0.00
	ŕ	4 4	4 4
	Disbursements (Including		
Non-l	Federal Donations)	0.00	0.00
Fede	ral Election Activity (52 U.S.C. § 30101(2	0))	
	Allocated Federal Election Activity	-//	
((from Schedule H6)		
((i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	Federal Election Activity Paid		
	Entirely With Federal Funds Total Federal Election Activity (add	0.00	0.00
` '	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
•		0.00	0.00
Total	Disbursements (add Lines 21(c), 22,		
	4, 25, 26, 27, 28(d), 29 and 30(c))	1110.83	3864.44
,		1110.83	3004.44
	Federal Disbursements		
	ract Line 21(a)(ii) and Line 30(a)(ii)		
trom	Line 31)	1110.83	3864.44

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 300.00 2506.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 2506.00 300.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 650.83 2356.44 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 650.83 2356.44 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER: PAGE 6 OF 3								32			
Use separate schedule(s)		(check only one)										
for each category of the Detailed Summary Page	1											
		X	13		14		15		16		17	
not be sold or used by any person for the purpose of soliciting contributions lress of any political committee to solicit contributions from such committee.												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Citizens For Restoring USA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 2016 18 City State Zip Code Transaction ID: SA13.4709 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing C 140.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self Loan From R. Kiger Receipt For: Aggregate Year-to-Date ▼ Primary General 970.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 2016 City State Zip Code Transaction ID: SA13.4710 Palm Beach FL 33480 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Loan From R. Kiger Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1095.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 09 2016 City State Zip Code Transaction ID: SA13.4711 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Loan From R. Kiger Self Self Receipt For: Aggregate Year-to-Date ▼ Primary General 1245.00 Other (specify) 415.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the 11b 11a 11c 12 Detailed Summary Page **X** 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens For Restoring USA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 2016 18 City Zip Code State Transaction ID: SA13.4712 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Loan From R. Kiger Receipt For: Aggregate Year-to-Date ▼ Primary General 1395.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Kiger, Robert, , , Date of Receipt Mailing Address 339 Cocoanut Row 2016 City State Zip Code Transaction ID: SA13.4714 FL Palm Beach 33480 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self LOAN FROM R. KIGER Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1430.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 185.00 SUBTOTAL of Receipts This Page (optional)..... 600.00 TOTAL This Period (last page this line number only).....

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For commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Citizens For Restoring USA Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 5014 City Carol Stream Purpose of Disbursement Phone & Internet	and address of any p		Date of Disbursement O7 01 2016 FEC Identification Number
NAME OF COMMITTEE (In Full) Citizens For Restoring USA Full Name (Last, First, Middle Initial) AT&T Mailing Address P.O. Box 5014 City Carol Stream Purpose of Disbursement Phone & Internet	ate Zip Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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City St Carol Stream Purpose of Disbursement Phone & Internet	'		07 01 2016 FEC Identification Number
Carol Stream Purpose of Disbursement Phone & Internet	'		
Phone & Internet			
		Catarani	Transaction ID : SB21B.4681
Office Sought: House Disburseme		Category/ Type	Amount of Each Disbursement this Period
	Primary ☐ Gener Other (specify) ▼	rai	Memo Item
Full Name (Last, First, Middle Initial) AT&T			Date of Disbursement
Mailing Address P.O. Box 5014	07 21 2016		
Carol Stream Purpose of Disbursement	zate Zip Code IL 60197		FEC Identification Number
Phone & Internet Candidate Name	Categ Typ		Transaction ID : SB21B.4682 Amount of Each Disbursement this Period
	ent For: Primary Gener Other (specify)		126.81
State: District:	эттег (вресну)		Memo Item
Full Name (Last, First, Middle Initial) T Mobile			Date of Disbursement
Mailing Address PO Box 37380			07 18 2016
-	zate Zip Code NM 87176		FEC Identification Number
Wireless Candidate Name		Category/	Transaction ID : SB21B.4683 Amount of Each Disbursement this Period
	ent For: Primary Gener Other (specify) ▼	Type	122.66
State: District:			Memo Item

S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 C					
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check c					
		Summary Page	X 2	3a 22 28b	23 28c	26	27 30b	
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NAME OF COMMITTEE (In Full)								
Citizens For Restoring USA								
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Mailing Address PO Box 37380				07	18		2016	
City	State	Zip Code		FFC Ide	entification	Number		
Albuquerque	NM	87176			, in the second	. Hamboi		
Purpose of Disbursement Wireless				C				
Candidate Name						ID : SB211		
Candidate Name			Category/ Type	Amount	of Each	Disbursem	ent this Period	
Office Sought: House Disburse	ment For:		1900	- ' '			122.65	
Senate	Primary	General			7	7	4	
President	Other (spe	ecify) 🔻		Ме	mo Item			
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Candidate Name		Category/ Type			Amount of Each Disbursement this Period			
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President State: District:	Other (spe	ecity)		Me	mo Item			
Full Name (Last, First, Middle Initial)				+				
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Purpose of Disbursement	Purpose of Disbursement							
Candidate Name	Amount	of Each	Diahuraam	ent this Period				
	Category/ Type					Disbursen	ient this Period	
Office Sought: House Disburse	ment For:					- 45		
Senate	Primary	General						
President	Other (spe	ecify) 🔻		Me	mo Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional).							122.65	
CODITION OF DISDUISEMENTS THIS FAGE (OPHONAI).			······	-				
TOTAL This Period (last page this line number only	·)					_	498.93	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens For Restoring USA Full Name (Last, First, Middle Initial) A. Kiger, Robert, , ,	SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	ne concor only	y one)2223 x 2627
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Flut) Citizens For Restoring USA Full Name (Last, First, Middle Initial) A. Kiger, Robert, , , Mailing Address 338 Cocoanut Row City Palm Baach Purpose of Disbursement Repay Loan Candidate Name City Palm Beach Prinsident District: Full Name (Last, First, Middle Initial) A. Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach Purpose of Disbursement Repay Loan Candidate Name City Palm Beach Prinsident Disbursement Repay Loan Candidate Name City Palm Beach Prinsident City Palm Beach Prinsident City Prinsident City Palm Beach Prinsident City Prinsident City Palm Beach Prinsident City Prinsiden			28a	
NAME OF COMMITTEE (in Full) Citizens For Restoring USA Full Name (Last, First, Middle Initial) A. Kiger, Robert, ,				
A. Kiger, Robert, ,	NAME OF COMMITTEE (In Full)			
Mailing Address 339 Cocoanut Row				
Paim Beach Purpose of Disbursement Repay Loan Cardidate Name Office Sought:	Mailing Address 339 Cocoanut Row			
Repay Loan Candidate Name Category/ Type Office Sought: House Primary General Primary General Palm Beach Purpose of Disbursement Repay Loan Candidate Name District: State Zip Code Primary General Primary General Other (specify) Tansaction ID : SB26.4690 Amount of Each Disbursement this Perio Tother (specify) ▼ Memo Item Date of Disbursement FEC Identification Number Category/ Type Date of Disbursement FEC Identification Number Category/ Type Transaction ID : SB26.4691 Amount of Each Disbursement this Perio Transaction ID : SB26.4691 Amount of Each Disbursement this Perio Transaction ID : SB26.4691 Amount of Each Disbursement this Perio Transaction ID : SB26.4691 Amount of Each Disbursement this Perio Transaction ID : SB26.4691 Amount of Each Disbursement this Perio Transaction ID : SB26.4691 Amount of Each Disbursement this Perio Transaction ID : SB26.4691 Amount of Each Disbursement this Perio Transaction ID : SB26.4691 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each Disbursement this Perio Transaction ID : SB26.4692 Amount of Each D	Palm Beach			
Office Sought:	Repay Loan			Transaction ID : SB26.4690
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) State Senate Primary General Other (specify) Date of Disbursement Date of Disbursement becomes an experiment Date of Disbursement Date of		nent For:		
Full Name (Last, First, Middle Initial) 3. Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach Purpose of Disbursement Repay Loan Candidate Name Disbursement For: Senate Primary General Other (specify) City President State: District: Full Name (Last, First, Middle Initial) City President State: District: Full Name (Last, First, Middle Initial) City Palm Beach FL 33480 President State: District: Full Name (Last, First, Middle Initial) City Palm Beach FL 33480 Condidate Name City Palm Beach FL 3480 Condidate Name City Palm Beach FL 3480 Condidate Name City Palm Beach FL 3480 Condidate Name Memo Item Memo Item	Senate	Primary Genera	ls.	
Date of Disbursement Mailing Address 339 Cocoanut Row				L Monto Rom
Palm Beach Purpose of Disbursement Repay Loan Candidate Name Office Sought: House Senate Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) City Palm Beach Purpose of Disbursement Repay Loan City Palm Beach Purpose of Disbursement Repay Loan Candidate Name Office Sought: State Zip Code Palm Beach Purpose of Disbursement Repay Loan Candidate Name Disbursement For: Category/ Type Date of Disbursement FEC Identification Number Category/ Type Transaction ID : SB26.4691 Amount of Each Disbursement FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Memo Item	B. Kiger, Robert, , ,		M = M / D = D / Y = Y = Y	
Purpose of Disbursement Repay Loan Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General President Other (specify) Memo Item Date of Disbursement Eull Name (Last, First, Middle Initial) Kiger, Robert, , , Mailling Address 339 Cocoanut Row City State Zip Code FL 33480 Purpose of Disbursement Repay Loan Candidate Name Category/ Type FEC Identification Number Category/ Type Office Sought: House Senate Primary General Other (specify) Senate Primary General Other (specify) Memo Item FEC Identification Number Category/ Type Memo Item Memo Item Memo Item FEC Identification Number Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item Memo Item	-	'		FEC Identification Number
Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Kiger, Robert, , Mailling Address 339 Cocoanut Row City Palm Beach FL 33480 Purpose of Disbursement Repay Loan Candidate Name Office Sought: House Primary General Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item FEC Identification Number Category/ Type Memo Item Memo Item FEC Identification Number Category/ Type Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item	Purpose of Disbursement	<u> </u>		
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach FL 33480 Purpose of Disbursement Repay Loan Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Date of Disbursement FEC Identification Number Category/ Type Office Sought: House Disbursement For: 24.00 State: District: Memo Item 12.00 Memo Item 12.00 Memo Item 12.00 Memo Item	Candidate Name			Transaction ID : SB26.4691 Amount of Each Disbursement this Period
State: District: Full Name (Last, First, Middle Initial) Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach Purpose of Disbursement Repay Loan Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Memo Item	Senate	Primary Genera		12.00
City Palm Beach Purpose of Disbursement Repay Loan Candidate Name Office Sought: House President State: District: Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement FEC Identification Number Category/ Type Transaction ID: SB26.4692 Amount of Each Disbursement this Perior 24.00 Memo Item		ошы (эреспу)		Memo Item
Mailing Address 339 Cocoanut Row City Palm Beach Purpose of Disbursement Repay Loan Candidate Name Category/ Type Office Sought: House Senate President President State: District: Palm Beach FL State Zip Code FL 33480 FEC Identification Number Category/ Type Category/ Type Memo Item	Full Name (Last, First, Middle Initial) C. Kiger, Robert, , ,			
Palm Beach Purpose of Disbursement Repay Loan Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: President FEC Identification Number Category/ Type Category/ Type Memo Item	Mailing Address 339 Cocoanut Row			
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Transaction ID : SB26.4692 Amount of Each Disbursement this Period Seneral Memo Item	Palm Beach Purpose of Disbursement	'		C
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Disbursement For: Primary General Memo Item			Transaction ID : SB26.4692 Amount of Each Disbursement this Period	
20.00	Senate President	Primary Genera		
SUBTOTAL of Disbursements This Page (optional)	State. DISTRICT:			
	SUBTOTAL of Disbursements This Page (optional)		<u> </u>	86.00

	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only 21b 28a	NUMBER: PAGE 11 OF 32 one) 22 23 x 26 27 28b 28c 29 30b
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Citizens For Restoring USA				
Full Name (Last, First, Middle Initial) A. Kiger, Robert, , , Mailing Address 339 Cocoanut Row				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Palm Beach Purpose of Disbursement Repay Loan Candidate Name Office Sought: House Senate President State: District:	rsement For: Primary Other (spec	Zip Code 33480 General	Category/ Type	FEC Identification Number C Transaction ID : SB26.4693 Amount of Each Disbursement this Period 24.00 Memo Item
Full Name (Last, First, Middle Initial) B. Kiger, Robert, , , Mailing Address 339 Cocoanut Row City Palm Beach Purpose of Disbursement Repay Loan Candidate Name Office Sought: House Senate	State FL rsement For: Primary	Zip Code 33480	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State: District: Full Name (Last, First, Middle Initial) C. Kiger, Robert, , , Mailing Address 339 Cocoanut Row	Other (spec	pify)		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State FL	Zip Code 33480		FEC Identification Number

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedul for each category of t Detailed Summary Pa	e(s) (check online	R LINE NUMBER: PAGE 12 OF 32 eck only one) 21b 22 23 x 26 27			
	Detailed Suffithary Pa	ge 28a				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-						
NAME OF COMMITTEE (In Full) Citizens For Restoring USA	and assumed of any p	3				
Full Name (Last, First, Middle Initial) - Kiger, Robert, , ,			Date of Disbursement			
Mailing Address 339 Cocoanut Row			08 15 2016			
Palm Beach	State Zip Code FL 33480		FEC Identification Number			
Purpose of Disbursement Repay Loan Candidate Name			Transaction ID : SB26.4698			
Office Sought: House Disbursem	nent For:	Category/ Type	Amount of Each Disbursement this Period 25.00			
President	Primary Gener Other (specify) ▼	al	Memo Item			
State: District:						
Full Name (Last, First, Middle Initial) Kiger, Robert, , ,			Date of Disbursement			
Mailing Address 339 Cocoanut Row	ı		08 16 2016			
,	State Zip Code FL 33480		FEC Identification Number			
Purpose of Disbursement Repay Loan	33400		Transaction ID : SB26.4697			
Candidate Name	Category/ Type		Amount of Each Disbursement this Period			
	nent For: Primary Gener Other (specify)	al	3.00			
State: District:	- (Memo Item			
Full Name (Last, First, Middle Initial) - Kiger, Robert, , ,			Date of Disbursement			
Mailing Address 339 Cocoanut Row			08 20 7 2016			
City S Palm Beach Purpose of Disbursement Repay Loan	State Zip Code FL 33480		FEC Identification Number			
Candidate Name	Category/ Type	Transaction ID: SB26.4694 Amount of Each Disbursement this Period				
	nent For: Primary Gener Other (specify) ▼		20.00 Memo Item			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			48.00			

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CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 32 (check only one)			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 23 x 26 27 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) Citizens For Restoring USA	,,,,,,,,,,				
Full Name (Last, First, Middle Initial)					
- Kiger, Robert, , ,			Date of Disbursement		
Mailing Address 339 Cocoanut Row			08 21 2016		
City Palm Beach	State Zip Code FL 33480		FEC Identification Number		
Purpose of Disbursement Repay Loan Candidate Name			Transaction ID : SB26.4695		
Canadate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ement For: Primary		20.00		
State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) - Kiger, Robert, , , Mailing Address 339 Cocoanut Row			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Palm Beach		FEC Identification Number			
Purpose of Disbursement Repay Loan Candidate Name		Category/ Type	Transaction ID : SB26.4703 Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ement For: Primary	Туре	10.00		
State: District:	1		Memo Item		
Full Name (Last, First, Middle Initial) - Kiger, Robert, , ,		Date of Disbursement			
Mailing Address 339 Cocoanut Row			08 22 2016		
City Palm Beach	State Zip Code FL 33480		FEC Identification Number		
Purpose of Disbursement Repay Loan Candidate Name	[Transaction ID : SB26.4706		
	ement For:	Category/ Type	Amount of Each Disbursement this Period		
Senate President	Primary General Other (specify) ▼		Memo Item		
State: District:					

TEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the	FOR LINE NUMBER: PAGE 14 OF 32 (check only one) 21b 22 23 x 26 27			
	Detailed S	Summary Page	28a	28b 28c 29 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) Citizens For Restoring USA	a addit	S. will politice	25	The state of the s		
Full Name (Last, First, Middle Initial) - Kiger, Robert, , ,				Date of Disbursement		
Mailing Address 339 Cocoanut Row				08 23 2016		
Palm Beach	State FL	Zip Code 33480		FEC Identification Number		
Purpose of Disbursement Repay Loan Candidate Name				Transaction ID : SB26.4699		
Office Sought: House Disbursen	nent For		Category/ Type	Amount of Each Disbursement this Period 25.00		
Senate President	nent For: Primary Other (spec	General cify) ▼		Memo Item		
State: District:				ш		
Full Name (Last, First, Middle Initial) Kiger, Robert, , , Mailing Address 339 Cocoanut Row		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Palm Beach	State FL	Zip Code 33480		FEC Identification Number		
Purpose of Disbursement Repay Loan				C Transaction ID : SB26.4707		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	nent For: Primary Other (spec	General		25.00		
State: District:				Memo Item		
Full Name (Last, First, Middle Initial) C. Kiger, Robert, , ,				Date of Disbursement		
Mailing Address 339 Cocoanut Row				08 27 2016		
City State Zip Code Palm Beach FL 33480 Purpose of Disbursement Repay Loan			· · · ·	FEC Identification Number		
Candidate Name	Category/ Type	Transaction ID: SB26.4708 Amount of Each Disbursement this Period				
President	nent For: Primary Other (spec	General	.75~	25.00 Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			•	75.00		

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	CHEDULE B (FEC Form 3X)	Hee core	rate echodula(a)	FOR LINE NUMBER: PAGE 15 OF				
IT	EMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the	(check only 21b	one) 22 23 x 26 27			
		Detailed S	Summary Page	28a	28b 28c 29 30b			
	y information copied from such Reports and Staten for commercial purposes, other than using the nam							
\	NAME OF COMMITTEE (In Full)	ie aliu auuli	coo or any ponded	COMMINICE TO	Solicit Continuations from Such Continuete.			
\rangle	Citizens For Restoring USA							
^	Full Name (Last, First, Middle Initial)				Date of Disharanasa			
Α.	Kiger, Robert, , ,	Date of Disbursement						
	Mailing Address 339 Cocoanut Row				08 28 2016			
	City Palm Beach	State FL	Zip Code 33480		FEC Identification Number			
	Purpose of Disbursement Repay Loan				C Transaction ID - SP2C 4705			
	Candidate Name		"	Category/ Type	Transaction ID : SB26.4705 Amount of Each Disbursement this Period			
	Office Sought: House Disburser Senate	.,,,,,	25.00					
	President	Other (spec	General ify) ▼		Memo Item			
	State: District: Full Name (Last, First, Middle Initial)							
3.	Kiger, Robert, , ,				Date of Disbursement			
	Mailing Address 339 Cocoanut Row				08 29 2016			
	City	State	Zip Code		FEC Identification Number			
	Palm Beach Purpose of Disbursement	FL	33480					
	Repay Loan		C Transaction ID - SP36 4704					
	Candidate Name	Category/ Type			Transaction ID: SB26.4704 Amount of Each Disbursement this Period			
	Office Sought: House Disburser	nent For:		.,,,,	25.00			
	Senate	Primary	General					
	State: President State:	Other (spec	шу)		Memo Item			
 C.	Full Name (Last, First, Middle Initial) Kiger, Robert, , ,				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address 339 Cocoanut Row	08 30 2016						
	-	State FL	Zip Code		FEC Identification Number			
	Palm Beach FL 33480 Purpose of Disbursement				C			
	Repay Loan Candidate Name Category/				Transaction ID : SB26.4702 Amount of Each Disbursement this Period			
	Office Sought: House Disburser	Туре	20.00					
	Senate	sement For: Primary General			20.00			
	State: President State:	Other (spec	city) 🔻		Memo Item			
s	UBTOTAL of Disbursements This Page (optional)			·····	70.00			
_	OTAL This Period (last page this line number only)							
•		•••••						

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedul for each category of to Detailed Summary Pa	the check onl	22 23 🗶 26 27
Any information copied from such Reports and Staten or for commercial purposes, other than using the name of the commercial purposes.		or used by any pers	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Citizens For Restoring USA			
Full Name (Last, First, Middle Initial) A. Kiger, Robert, , ,	Date of Disbursement		
Mailing Address 339 Cocoanut Row			09 06 2016
City Palm Beach Purpose of Disbursement	State Zip Code FL 33480		FEC Identification Number
Repay Loan Candidate Name		Category/	Transaction ID : SB26.4701 Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate President Disbursement For: Other (specify)			35.00 Memo Item
State: District: Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement		C	
Candidate Name	Amount of Each Disbursement this Period		
Office Sought: House Senate President Disbursement For: Primary Other (specify)			Memo Item
State: District: Full Name (Last, First, Middle Initial) .			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement	C		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate President State: District:	nent For: Primary Gener Other (specify) ▼	ral	Memo Item
SUBTOTAL of Disbursements This Page (optional)			35.00
TOTAL This Period (last page this line number only)			460.00

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Detailed Summary Page FOR LINE 13 OF FORM 3X		
AME OF COMMITTEE (In Full) Citizens For Restoring USA				
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N ☐ Memo Item		
Mailing Address 339 Cocoanut Row		Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
900.00		0.00 900.00		
TERMS Date Incurred	Da	ate Due Interest Rate Secured:		
M 08 M / D 12 D / Y 2015	M = M / D = D	12/31/2016 5.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) t	o Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, ScI	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		, , , , , , , , , , , , , , , , , , , ,	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID: SC/10.4143	
LOAN SOURCE Full Name (Last, Firs Kiger, Robert, , ,	t, Middle Initial)	N ☐ Memo Item	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
300.00		3.00	
TERMS Date Incurred		ate Due Interest Rate Secured:	
M 09	M M / D D	12/31/2016 5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	te ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City Star	te ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City	te ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City	te ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option	nal)	297.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 19 OF 32

			Detailed Summary Page FOR LINE 13 OF FORM 3X	
ME OF COMMITTEE (In Full) Transaction ID : SC/10.4150				
Citizens For Restoring USA				
LOAN SOURCE Full Name (Last, First, Middle Initial)			N ☐ Memo Item Election:	
Kiger, Robert, , ,			Primary General	
Mailing Address 339 Cocoanu	t Dow		Other (specify) ▼	
maining y dan eee 339 Cocoanu	l ROW		Strict (opcory) v	
City		State	ZIP Code	
Palm Beach		FL	33480	
Original Amount of Loan		Cumulative Pay	yment To Date Balance Outstanding at Close of This Period	
7 7	200.00	7	0.00 200.00	
TERMS				
Date Incurred	Y Y Y	D M M / D D	ate Due Interest Rate Secured:	
09 28	2015		12/31/2016 5.00 % (apr) Yes X No	
List All Endorsers or Guarai	ntors (if any)	o Loan Source		
1. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 20 OF 32

FOR LINE 13 OF FORM 3X

			Potaniou cummary rage Fort English to Or Fortiw ox
ME OF COMMITTEE (In Full) itizens For Restoring USA			Transaction ID : SC/10.4152
onizens i or itestoring	00/		
LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,			N
Mailing Address 339 Cocoan	ut Row		Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pa	ment To Date Balance Outstanding at Close of This Period
	200.00	-	200.00 0.00
TERMS Date Incurred	I	[ate Due Interest Rate Secured:
M 10 /	2015 Y	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes X No
List All Endorsers or Guara	antors (if any)	to Loan Source	
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	Page (optional)		
OTALS This Period (last page			, 0.00
Carry outstanding balance onl	v to IINF 3 Sc	hedule D. for thi	s line. If no Schedule D. carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 21 OF 32 FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) Citizens For Restoring U	SA		Transaction ID : SC/10.4154
			M
LOAN SOURCE Full Name (I Kiger, Robert, , ,	Last, First, M	iddle Initial)	N ☐ Memo Item Election: ☐ Primary
Mailing Address			General Other (consist)
Mailing Address 339 Cocoanut	Row		☐ Other (specify) ▼
City		State	ZIP Code
Palm Beach		FL	33480
Original Amount of Loan		Cumulative Pa	rment To Date Balance Outstanding at Close of This Period
	310.00		310.00 0.00
TERMS Date Incurred		[ate Due Interest Rate Secured:
M M / D D / Y Y	015 Y	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes ✗ No
List All Endorsers or Guarant	tors (if any)	to Loan Source	
1. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pa	age (optional)		0.00
TOTALS This Period (last page in	n this line on	ly)	
			line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Suffillary Fage FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4155		
LOAN SOURCE Full Name (Last, First, Middle Initial) N				
Mailing Address 339 Cocoanut Row		General Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
5.00		980.00 -975.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured:		
M 12	M = M / D = D	/ 12/31/2016 5.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. So	cnedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA	Transaction ID : SC/10.4399		
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
10.00	-	10.00 0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
01 26 Y 2016	08 / 31	0005 10.00 % (apr) Yes ✗ No	
List All Endorsers or Guarantors (if any) t	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
carry outstanding balance only to LINE 3. Sci	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4575	
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	ddle Initial)	N ☐ Memo Item	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
75.00		50.00 25.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 05 M / D 18 D / Y 2016	M = M / D = D	5/18/2017 5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) t	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
FOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4576	
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N ☐ Memo Item	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
25.00	-	25.00 0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 05 M / D 18 D / Y 2016	M = M / D = D	5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Polariou Garrinary 1 ago 1 Off Elive 15 Of 1 Offivi 5X	
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID: SC/10.4577	
LOAN SOURCE Full Name (Last, First, Kiger, Robert, , ,	Middle Initial)	N	
Mailing Address 339 Cocoanut Row		Other (specify) ▼	
City	State	ZIP Code	
Palm Beach	FL	33480	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
25.00		25.00 0.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured:	
05 ^M / 25 ^D / 2016	M = M / D = D	5/25/2017 5.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4578 Citizens For Restoring USA Election: Memo Item LOAN_SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , , Primary General Mailing Address 339 Cocoanut Row Other (specify) ▼ City State ZIP Code Palm Beach FL 33480 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 110.00 110.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 26 05 2016 5/26/2017 5.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 110.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID: SC/10.4709
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First, Kiger, Robert, , ,	Middle Initial)	Memo Item Election: Primary General
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
140.00		0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured:
07 18 2016	M M / D D	07/18/2017 5.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Mailing Address		Обобраноп
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial) Name of Employer		
Mailing Address		Occupation
City State	zIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	140.00
TOTALS This Period (last page in this line		
Carry outstanding balance only to LINE 3.	Schedule D. for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Fage FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4710
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First, Mi Kiger, Robert, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
125.00		0.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 07	M = M / D = D	/ 07/21/2017 5.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Mailing Address		Coorpaion
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		125.00
TOTALS This Period (last page in this line onl		
carry outstanding balance only to LINE 3. Sc	nedule D. tor this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4711		
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N		
Mailing Address 339 Cocoanut Row		Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
150.00	-	0.00 150.00		
TERMS Date Incurred	Da	te Due Interest Rate Secured:		
M 08	12 / 09	/ Y 0007 5.00 % (apr) Yes ✗ No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) Citizens For Restoring USA		Transaction ID : SC/10.4712		
LOAN SOURCE Full Name (Last, First, Miger, Robert, , ,	/liddle Initial)	N ☐ Memo Item		
Mailing Address 339 Cocoanut Row		General Other (specify) ▼		
City	State	ZIP Code		
Palm Beach	FL	33480		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
150.00	-	0.00 150.00		
TERMS Date Incurred	Di	ate Due Interest Rate Secured:		
M08 / D18 / Y 2016	M = M / D = D	/ 08/18/2017 5.00 % (apr) Yes x No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4714
Citizens For Restoring USA		
LOAN SOURCE Full Name (Last, First, M Kiger, Robert, , ,	iddle Initial)	N ☐ Memo Item
Mailing Address 339 Cocoanut Row		Other (specify) ▼
City	State	ZIP Code
Palm Beach	FL	33480
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
35.00	-	0.00 35.00
TERMS Date Incurred	Da	ate Due Interest Rate Secured:
M 09	10 / 03	5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Mailing Address		Оссираноп
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		35.00
TOTALS This Period (last page in this line onl	y)	1157.00
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.